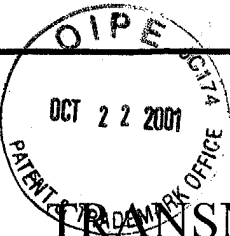


12-12-01 2834  
Express Mail Label No.: E1406012087US



# TRANSMITTAL FORM

Application Serial Number	09/300,137
Filing Date	April 27, 1999
First Named Inventor	Lazarus
Group Art Unit	2834
Examiner Name	Budd, M.
Attorney Docket No.	ACX-103CN2CP2
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
 Date: October 22, 2001  
 Reg. No. 46,944  
 Tel. No.: (617) 248-7352  
 Fax No.: (617) 248-7100  
 Indranil Mukerji  
 Attorney for Applicant(s)  
 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110

Express Mail Label No.: 1406012087US

	Complete if Known	
	Application Serial Number	09/300,137
	Filing Date	April 27, 1999
	First Named Inventor	Lazarus.
	Group Art Unit	2834
	Examiner Name	Budd, M.
Attorney Docket No.		ACX-103CN2CP2

**METHOD OF PAYMENT**

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

3. ☐ Applicant claims small entity status.

**FEE CALCULATION**

1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =	x \$ 18.00 =	
Independent Claims	- 3 =	x \$ 84.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =
TOTAL:			
SMALL ENTITY DISCOUNT:			
SUBTOTAL (1)			(\$)

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 84.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	
TOTAL:			(\$)	
SMALL ENTITY DISCOUNT:			(\$)	
SUBTOTAL (2)			(\$)	0

**FEE CALCULATION (continued)**

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	
1960	980	Extension for reply within fifth month	1,960.00
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
Other fee (Specify)			
Other fee (Specify)			
SUBTOTAL (3)			(\$)
SUBTOTAL (1)			0
SUBTOTAL (2)			0
SUBTOTAL (3)			1,960.00
TOTAL			(\$)

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

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